

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>25063</u>	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Russell C Oathout P.O. Box, Bldg., Room No., if any Street 3217 Griggs Drive City Boothwyn State Pennsylvania ZIP Code + 4 19061	4. Name, file number, and address of labor organization. Name TCU System Board No. 86 Labor Organization File Number 036-920 P.O. Box, Building and Room Number, if any Street 309 A Street City Wilmington State Delaware ZIP Code + 4 19801-5324
5. Position in labor organization. General Chairman	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Norfolk Southern Corporation Trade Name, if any: Railroad P.O. Box, Bldg., Room No., if any Street Three Commercial Place City Norfolk State Virginia ZIP Code + 4 23510-9225	7.a. Nature of Interest, Transaction, or Income. Attended N.S. Safety Conference. Company reimbursed TCU my actual transportation costs (\$736.90). Company provided hotel & meals (breakfast and lunch). Since the Meal & lodging amounts are unknown by me, the amount shown was the actual reimbursement to TCU. 7.b. Amount. \$737

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Russell C. Oathout</u>	On <u>03/09/2006</u> Date	<u>302-498-0959 Ext. 18</u> Telephone Number

Name of Person Filing Russell Oathout	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any). Name National Railroad Passenger Corporation Trade Name, if any: AMTRAK P.O. Box, Bldg., Room No., if any Street 60 Massachusetts Ave, N.E. City Washington State District of Columbia ZIP Code + 4 20002	7.a. Nature of Interest, Transaction, or Income. Company provided various train travel, as is allowed/required by the CBA to covered rail employees and their representatives. No amount shown below, as the actual travel costs are not made known to me by the company. However, I believe it is over \$250. 7.b. Amount.

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